MULTIPLE FEE CAL (FOR USE

PENDENT CLAIM TION SHEET FORM PTO-875)

APPLICANT(S)

CT	AY	3.50
CL	Αl	M2

	AS F	TLED.	AF	TER NOMENT	AF	TER	CLAIM						
1	IND.	DEP.	IND.	DEP.	IND.	DEP.			-	ILED	AF LAME	TER ndment	A.
2								51	IND.	DEP.	IND.	DEP.	IND.
3								<u>51</u> 52				DEI.	IND.
4				\Rightarrow	4		Ī	53	 				
5			7				ı	54	1				
7								55					
8							į.	56					
9							Į.	57					
10	-						F	58 59					
11		/2				·	-	60					
12								61					
13								62					
14								63					
6							<u> </u>	64 .			 -		
7					+		 -	65					
8							I -	66 67					
9							—	68					
0								69			-I		
1 2								70					
3								71					-I
_							<u> </u>	72					
								73 74					
							<u> </u>	75					
			-					76					
								17					
								78					
		_		-11				9 .					
							8						
							8		 				_
		1		319	-	- 1	8	3		14			
							8	4		_		-	-
						-	8.						
1-						_	80 87						
							88						+
1						_	89						
			-	- 			90						
 -		\bot				\dashv	91			_			
-		-					92						
1			-				93				\perp		-
							95	1-		-	1		_
		1	 	-			96						
			100	1	-	-	97		-10		-		
-	-				1-	-	98			1-	-		-
		1-/				-	99				 	 	
] 4		8		1	7	100					1	+
	4	13		1	٦ ُ ﴿	1	TOTAL IN	D. LO	4	1	1		
		 	Taxon and	.	1		TOTAL DE	2	4] 4
		14		ğ		3	TOTAL	1-		. -	(a	1	4
(REV. IIA		J				-1	CLAIMS	_1		Ē	E	30	